

## **Colorado State Board of Dental Examiners**

## **Practice Ownership Form**

Pursuant to § 12-35-116.5, C.R.S., this form must be completed by every dental and dental hygiene office in the state of Colorado, and made available at the reception desk of the office during the practice's hours of operation. Upon request, the dental or dental hygiene practice shall promptly make available a copy of this completed form. The dental or dental hygiene practice shall ensure that the information required in this form is accurate and current. Any change in the information shall be updated within 30 days of the change. For information on temporary proprietorships, refer to § 12-35-116.5, C.R.S.

Signature of person completing this form: \_\_\_

For additional questions, please visit <a href="http://www.ntps://&lt;/th&gt;&lt;th&gt;v.dora.state.co.us/dentai/index.ntm&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Entity or trade name: (name under which practice does business, i.e., the&lt;/td&gt;&lt;td&gt;e name on the office door)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;math&gt;\downarrow&lt;/math&gt; This dental or dental hygiene office is a: (c&lt;/td&gt;&lt;td&gt;check one)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;☐ Sole proprietorship&lt;/td&gt;&lt;td colspan=3&gt;Proprietor name:&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td colspan=3&gt;Colorado Dental license number:&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Temporary proprietorship?&lt;/td&gt;&lt;td colspan=3&gt;if yes, state reason for temporary proprietorship:&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;date begun:&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;anticipated end date:&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;ul&gt;&lt;li&gt;☐ General partnership&lt;/li&gt;&lt;li&gt;☐ Professional service corporation&lt;/li&gt;&lt;/ul&gt;&lt;/td&gt;&lt;td rowspan=2 colspan=3&gt;Registered name and principal business address of partnership, corporation, company, political subdivision, or organization, and state in which incorporated:  Name and address of registered&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;☐ Professional limited liability company&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;ul&gt;     &lt;li&gt;□ Professional limited liability partnership&lt;/li&gt;     &lt;li&gt;□ Political subdivision of the state&lt;/li&gt;     &lt;li&gt;□ Other organization (describe):&lt;/li&gt; &lt;/ul&gt;&lt;/td&gt;&lt;td&gt;agent for service of process:  Partner/Shareholder/Member names&lt;/td&gt;&lt;td&gt;Ownership %&lt;/td&gt;&lt;td&gt;Colorado. dental license number&lt;br&gt;(if a temporary proprietor, mark " t"<br="">and indicate reason, date begun, and anticipated end date on a separate sheet)</a>			
For all entities, indicate:			
for profit non-profit and length of proprietorship:			
and length of prophetorship.	Total ownership must equal 100%. If additional	al space is needed, o	continue on a separate sheet.
For your office, check the box next to each		·	·
<u> </u>	gement company other than the proprietor of	described in the at	pove section.
above section to perform services in this of An entity other than the proprietor describ	sistant in this office is employed by an entity office.  Ded in the above section furnishes dental made on the basis of a lease or any other agree	aterial or equipmen	it to the dentists, dental
An entity other than the proprietor describe	ed in the above section owns or controls dent	al material or equip	oment used in this office.
☐ The entity described in the above section	does not own, control or lease the physical	office in which this	practice is located.
If you checked any of the five boxes above, provide	de the name and principal business address of	the management co	ompany or the other entity:
By signing this form below, the signer verifies that h company, partnership, corporation, or other organiz Printed name and title of person completing this	ation that owns the dental or dental hygiene pra	ctice for which this fo	

Date signed: \_